



Program Modification Form

*Instructions: Please use this form to update already accredited DIT Courses. Items that can be modified are listed below. For any other modifications, please complete DIT-03 Application for Accreditation. For all changes, please complete Parts 1, 2 and 5, remaining section to be completed as they apply to the modifications requested. **If multiple courses need modification(s), submit a separate modification form.***

PART 1: PROVIDER INFORMATION		
Program ID #:	Date Submitted:	
Name of company or institution (designated the "accreditable unit"):		
Address:		
Phone #:	Alternate #:	
1.1 Person Requesting Change		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:	Email Address:	
Phone #:		

PART 2: MODIFICATION(S) REQUESTED (Check all that apply.)		
Program Modification – Complete Part 3 (Please attach materials that support modification requested; a fee may apply)		
<input type="checkbox"/> Language (if requesting a new language for a course already approved)	<input type="checkbox"/> Course outline/agenda revised	
<input type="checkbox"/> Change in number of students	<input type="checkbox"/> Training location added/removed	
Changes To Contact Information – Complete Part 4		
<input type="checkbox"/> Administrator/Official changed	<input type="checkbox"/> Company Name changed	<input type="checkbox"/> Address changed

PART 3: PROGRAM MODIFICATION(S)

Course affected by Modification(s):

3.1 Program Modification(s) (Check all that apply.)

Language Added:

Submit Outline/Syllabus

Change in Number of Students:

3.2 Changes to Training Facility Locations

List all **fixed** training facility locations administered from the Primary Location and affected by this modification.

<u>Facility Address</u>	<u>City</u>	<u>State</u>	<u>Country</u>	<u>Add/Remove</u>	
				Add	Remove
				Add	Remove
				Add	Remove
				Add	Remove
				Add	Remove

PART 4: CHANGES/ADDITIONS TO COMPANY'S CONTACT INFORMATION

4.1 Changes to Names of Primary Contact Information or Administrators

New Responsible Corporate Official

First (Given) Name:

Middle Name:

Last (Family) Name:

Job Title:

Phone:

Fax:

Alternate #:

Email Address:

Former Responsible Corporate Official (to be Removed)

First (Given) Name:

Middle Name:

Last (Family) Name:

New Administrative Contact/Correspondent:

First (Given) Name:	Middle Name:	Last (Family) Name:
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Job Title:

Phone:	Fax:	Alternate:
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Email Address:

Former Administrative Contact/Correspondent (to be Removed)

First (Given) Name:	Middle Name:	Last (Family) Name:
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4.2 Changes to Name of Company or Web Address

Has your company operated under a different name in the past 5 years? Yes No

If **YES**, prior name:

What is the new name of your company?

Does the company have a new website address? Yes No

If **YES**, please provide the new web address:

Reason(s) for change(s):

4.3 Changes to Provider's Primary Administrative Location ("Accreditation Location") No PO Boxes

Address Line 1:

Address Line 2:

City:	State:
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Country:	Zip/Postal Code:
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4.4 Changes to Billing Address of Provider (if different from Primary Location)

Address Line 1:

Address Line 2:

City:	State:
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Country:	Zip/Postal Code:
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4.5 Changes to Shipping Address of Provider (if different from Primary Location)

Address Line 1:

Address Line 2:

City:	State:
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Country:	Zip/Postal Code:
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PART 5: COMPANY AUTHORIZED SIGNATURE

Authorized Signature:

Date:

Print or type name and title of Authorized Signature of company.

First (Given) Name

Middle Name

Last (Family) Name

Title of Authorized Signature:

Phone #: